



PET EMERGENCY & SPECIALTY CENTER

5232 JACKSON DR., SUITE 105
LA MESA, CA 91941
(619) 462-4800

Medical Record for "Danni" Stetler

Client Information

Client #
Ken Stetler

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Referral Hospital: San Diego Pet Hospital

Thursday, July 24, 2014

ADMISSION DATE (8:14 pm Mark Kim, BVSc/)

Date: Thursday, July 24, 2014; Time: 7:42pm

CLINICAL HISTORY (8:18 pm Mark Kim, BVSc/)

Was presented for gunshot wound.

Mr. Stetler was working inside his trailer which was parked outside. His 2 dogs were in the garage (Danni and her mother). Per Mr. Stetler, he heard the dogs leave the garage out to the street. He then heard a noise, came out of the trailer, and saw a police officer shoot Danni's mother with a handgun and then shot Danni once. Per Mr. Stetler, the police officer was driving by and believed the two dogs were fighting.

No meds. No PMH.

PHYSICAL EXAMINATION (8:19 pm Mark Kim, BVSc/)

Temperature: 103.3, Pulse: 120, Respiration: pant Weight: 44.545 kg, 98.00 lb, 1.26 m2

1. GEN APPR: QARH
2. EENT:MM pink and moist, CRT < 2 sec. Symmetrical pupils, no oculo/nasal discharge.
3. CARDIOVASC: Regular rhythm, no murmur ausculted, good pulse quality, no pulse deficits
4. RESPIRATORY: Clear lung sounds in all fields, no crackles or wheezes ausculted.
5. ABDOMEN: Mildly tense on palpation.
6. MUSC. SKEL: Ambulatory x4. Adequate symmetrical muscling. BCS 6/9.
7. NERVOUS: Normal
8. GENITAL\URIN: Normal
9. INTEGUMENT: 2 irregular lacerations (~4 cm and 7 cm) just caudal to R lateral axilla, 1 irregular laceration ~3 cm on cranioventral R abdomen. Adequate skin turgor.
10. LYMPH NODES: Normal

PROBLEMS IDENTIFIED (8:19 pm Mark Kim, BVSc/)

Gunshot wounds

ASSESSMENT\DIFFERENTIAL DX (8:19 pm Mark Kim, BVSc/)

Complications include thorax/abdominal penetration, nerve trauma, orthopedic trauma, soft tissue trauma,

Patient Information

Name: Danni
Species: Canine
Breed: Mix
Color: White/Black
Sex: FS
Age: 10 years
Weight: 100.40 lbs

secondary infection, lead toxicity, other.

DIAGNOSTIC/TREATMENT PLAN (8:25 pm Mark Kim, BVSc/)

DK

Danni was triaged in the treatment area, and approval for pain medications was approved.

Hydromorphone 4 mg IV given.

Discussed with Mr. Stelter that Danni was cardiovascularly stable and complications of gun shot wounds. Recommended bloodwork and radiographs. Due to financial constraint, Mr. Stelter elected to begin with radiographs.

Treatment plan was presented and approved.

Radiographs: Heart size and pulmonary vasculature WNL. Lungs in caudodorsal field has moderate mixed bronchial/interstitial pattern.

A: No evidence of trauma, remaining bullet, chest penetration.

Discussed with Mr. Stelter radiographic findings. Recommended surgical explore under general anesthesia with bloodwork and hospitalization. discussed alternatives including basic wound care and medical management tonight, and aim for sx tomorrow. discussed pros cons. he explained that SDPD and the city of SD will be paying for all tx. SDPD gave him claim number, see details below. i explained that we may still need payment upfront, something Mr Stelter said he would unlikely be able to do.

i called police on number below - he explained that normally owner pays and city reimburses owner. but for situations like this, best to discuss options w city of SD.

i spoke to Dr TG/partner on call. approved moving forward w tx without payment from Mr Stelter.

SDPD INS # [REDACTED]

[REDACTED] - police contact number - 1030p called- normally o pays and claims through city claims using above claim no.

city claims [REDACTED]

updated Mr Stelter. he was extremely grateful.

Treatment plan was presented and approved.

CLIENT COMMUNICATION (8:25 pm Mark Kim, BVSc/)

The procedures, risks, and treatment options were discussed with the owner. Questions were answered and approval was given to proceed with the above plan. A written treatment plan of fees was provided and approved.

DISCHARGING DOCTOR (8:42 pm Mark Kim, BVSc/)

Dr. Kim

TENTATIVE DIAGNOSIS (8:42 pm Mark Kim, BVSc/)

Gunshot wound

MEDICATIONS (8:45 pm Mark Kim, BVSc/)

1. Tramadol 50 mg tablets # 32 - Please give 2.5 - 3 tablets by mouth with food every 8-12 hours as needed.

*Pain medication

*Side effects may include sedation and constipation

2. Clavamox 250 mg tablet #28 - Please give 2 tablets by mouth with food every 12 hours starting today.

*Antibiotic

*Side effects may include decreased appetite, vomiting, or diarrhea.

DISCHARGE ITEMS (8:45 pm Mark Kim, BVSc/)

Digital X-Rays were taken of "Danni". If these images are needed, please have your family veterinarian contact us and we will send them via email.

RECOMMENDATIONS (8:52 pm Mark Kim, BVSc/)

Your pet may have had a small bandage placed after removing an intravenous catheter, receiving an injection or having a blood sample drawn. Please remove this bandage one hour after you get home unless otherwise instructed.

Summary:

Danni was presented for a gunshot wound.

On presentation, Danni was quiet and alert. A pain injection was given to help Danni feel more comfortable.

We discussed complications of gunshot wounds and recommended bloodwork and radiographs to better assess Danni's condition.

Radiographs did not find any bullets in Danni nor any evidence of orthopedic damage or chest/abdomen penetration, which is great news.

We discussed options for treating Danni's wounds, and you elected to proceed.

Bloodwork did not find any major abnormalities (mild increase in white blood cells, mild increase in liver enzyme), but overall, we found Danni to be a good candidate for general anesthesia.

Danni was put under general anesthesia, and the gunshot wound was clipped, cleaned, flushed, and then explored. Based on our findings, it looked like the bullet grazed Danni's right side and did not go through her chest. A drain was placed, and the wound was closed with sutures. Danni recovered well from anesthesia and did not have any complications.

Please keep Danni in a quiet confined place for the next 7 days. She should not run, jump, go up/down stairs, or play.

Danni will have some light red discharge from her drain site for the next week, which is normal.

Please keep Danni's incision site clean and dry. You do not need to put any ointment on it. Please monitor Danni's incision site for any pus, swelling, redness, or pain. If you see any of these signs, it may indicate Danni has an infection. If you see any of these signs, please visit your family veterinarian or PESc for a recheck.

Please keep an e-collar on Danni at all times. You may remove the e-collar during meals but only under direct supervision.

Please see your family veterinarian tomorrow for a recheck - she may need the bandage changed or removed at this time. She will need another check up this weekend - the drain may be removed at this time. She will need a final check up in 10-14 days for suture removal.

If Danni has any new problems, or is not getting better, please see your regular veterinarian immediately or return to the PESc if after hours. Please do not hesitate to call us with any questions, comments or concerns.

Danni is a very sweet dog, and we hope she feels better soon.

Friday, July 25, 2014

CLINICIAN'S PROGRESS NOTES (12:00 am Mark Kim, BVSc/)

Admitted for hospitalization.

12am - T 103.3 P 120 R pant mm pink. BAR. Hydromorphone 4 mg IV.

CBC: HCT 42.9% WBC 18.08k, Neut 14.76, Mono 1.31k, PLT 210k

CHEM: ALT 162

Abd radiographs: Liver, spleen WNL. Stomach empty. Intestinal loops fluid filled and non dilated. Colon contains feces. Kidneys difficult to visualize. Bladder mildly filled.

A: Mild leukocytosis with neutrophilia and monocytosis. r/o inflammation, infection, stress. Increased ALT r/o trauma, inflammation, hypoxia, heavy metal toxicity, incidental, other. Consider rechecking ALT in 1 week +/- abdominal ultrasound, FNA, bile acids.

IVC placed.

12:35am - Anesthesia and surgery. Refer to anesthesia and surgery report.

4:12am - End surgery. T 100.2 P 100 R 20 mm pk.

5am - d/c fluids

6am

gave bup 0.8mg IV.

chest wrap applied w telfa and 3 layer bandage.

9am discharged. see discharge instructions above

P:

tramadol 125-150mg PO bid/tid

clavamox 500mg PO bid

strict rest

r/c tomorrow- bandage change or replace.

r/c 2-3d for bandage removal.

warm compress

if Mr Stelter returns for tx here - we must find out from him how claim from city of SD will work. as per Dr TG, can continue tx without payment from Mr Stelter.

DIAGNOSTIC STUDIES PERFORMED (12:26 am Mark Kim, BVSc/)

Chemistry Data (ICD) (July 25, 2014 12:36 AM)

| Test | Result | Flag | Normal Range | Indicator |
|----------|--------|------|-----------------|--|
| ALB | 3.2 | | 2.3-4 (G/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| ALKP | 86 | | 23-212 (U/L) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| ALT | 162 | H | 10-100 (U/L) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| BUN | 13 | | 7-27 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| Ca | 9.3 | | 7.9-12 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| CHOL | 169 | | 110-320 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| CREA | 1 | | 0.5-1.8 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| GGT | 6 | | 0-7 (U/L) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| GLOB | 3.6 | | 2.5-4.5 (G/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| GLU | 109 | | 74-143 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| PHOS | 4.5 | | 2.5-6.8 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| TBIL | 0.2 | | 0-0.9 (MG/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| TP | 6.8 | | 5.2-8.2 (G/DL) | <div><div></div><div></div><div></div><div></div><div></div></div> |
| ALB/GLOB | 0.9 | | | <div><div></div><div></div><div></div><div></div><div></div></div> |
| BUN/CREA | 13 | | | <div><div></div><div></div><div></div><div></div><div></div></div> |

ANESTHETIC PROCEDURES (12:45 am Mark Kim, BVSc/)

"Danni" was premedicated with hydromorphone, induced with propofol (2 mg/kg total) and diazepam (0.25 mg/kg total) and intubated with a cuffed size 9.5 mm endotracheal tube. Maintained on isoflurane in 100% oxygen. Fluids were administered at 240 ml/hr during surgery. Anesthetic monitoring equipment: pulse oximeter, capnograph, indirect blood pressure monitor, continuous ECG. No anesthetic complications.

SURGICAL REPORT (12:46 am Mark Kim, BVSc/)

Patient put in left lateral recumbency. The wound area was clipped and surgically prepped with chlorhexidine and saline. Wounds were flushed with sterile saline. A 20 cm incision was made to connect the two distal wounds together with a 10 blade. Moderate trauma to soft tissue and muscle was visualized. The opened area was flushed with sterile saline. Several small communicating channels observed through the wounds.

Several exposed muscles were closed with simple interrupted sutures using PDS II 3-0. The small cranial and caudal wounds were closed with ford interlocking sutures using Ethilon 3-0. A Penrose drain was placed in the 20 cm incision site. A 2 cm incision was made caudoventral to the incision site, and the distal end of the penrose drain was pulled through the incision. The dorsal edge of the distal end of the drain was sutured onto the skin with a simple continuous pattern using Ethilon 3-0. The 20 cm incision subcutaneous layer was closed with a simple continuous pattern using Ethilon 3-0. The skin was closed over the drain with a ford interlocking pattern using Ethilon 3-0.

Saturday, July 26, 2014

ADMISSION DATE (12:15 pm Virginia Fritsch, DVM/)

Date: Saturday, July 26, 2014; Time: 11:34am

CLINICAL HISTORY (12:15 pm Virginia Fritsch, DVM/)

The Stetler family presented Danni, a 7.5-year-old FS Shepherd mix, for recheck evaluation of her gunshot wound. The Stetler family believes she is somewhat depressed at home, and prefers to be hand fed but will eat a normal amount of food. She is happy to go on short walks. Her interest in food and water seems appropriate to the Stetler family. No V/D/C/S.

Not wearing a E-collar, but they have one at home.

Current medications: tramadol 150mg (3.5mg/kg) PO q5-7hrs PRN for pain; Clavamox

PHYSICAL EXAMINATION (12:17 pm Virginia Fritsch, DVM/)

Temperature: 102.5F, Pulse: 130bpm, Respiration: panting Weight: 44.227 kg, 97.30 lb, 1.25 m2

1. GEN APPR: BARH, but a little worried. She was upset and snarled when put into left lateral recumbency. BCS=6/9
2. EENT: EYES sclera and cornea clear, no discharge, lenticular opacity OU. PLRs direct and consensual OU. EARS no evidence of ceruminous debris, trauma or inflammation. NOSE no discharge. TEETH moderate generalized periodontal disease. THROAT no evidence of oral ulceration or foreign body on awake examination.
3. CARDIOVASC: Regular rhythm, no murmur ausculted, femoral pulses s/s/s.
4. RESPIRATORY: Eupneic, quiet BV lung sounds in all lung quadrants.
5. ABDOMEN: Soft and pliable. Liver does not extend beyond the costal arch. Intestinal loops do not feel dilated and slide easily past each other. Rectum clean.
6. MUSC. SKEL: Ambulatory x 4, no gait abnormalities visualized.
7. NERVOUS: Menace response, palpebral and anal reflexes intact. Mentation appropriate.
8. GENITAL\URIN: Kidneys not palpated. Urinary bladder moderately sized and soft. No vulvar discharge.
9. INTEGUMENT: Some thinning of the haircoat on the caudal dorsum. Drain and sutures in place on the right side from axilla to mid-lateral abdomen. Penrose drain has serosanguineous without evidence of pus or other abnormalities. Soft 5x5x5cm mass on the cranial thorax adhered to the skin, one soft 3x3x3cm mass on the left lateral abdomen adhered to the skin. Crust present on the medial aspect of the left tarsus. Sutures incision is dry, clean, and intact once the bandage was removed.
10. LYMPH NODES: Mandibular, superficial cervical and popliteal LNs are <1cm, soft, freely movable and non-painful.

PROBLEMS IDENTIFIED (12:17 pm Virginia Fritsch, DVM/)

Superficial gun wound, repaired surgically with drain placement on 7/24/2014

Inadequate pain control

ASSESSMENT\DIFFERENTIAL DX (12:17 pm Virginia Fritsch, DVM/)

Superficial GSW: No initial evidence of penetration of projectile ballistic into abdominal or thoracic cavity, and not symptomatic for developing problems based on history and PE today.

Inadequate pain control: Ms. Stetler perceives that Danni is somewhat uncomfortable at home, and has been giving tramadol more frequently than prescribed. Inadequate pain control indicates inflammation or infection present.

DIAGNOSTIC\TREATMENT PLAN (12:18 pm Virginia Fritsch, DVM/)

Discussed above problems and assessment. Danni looks good on presentation today, and they describe her doing well at home. Based on this information, we recommend replacing the bandage today since there is evidence of slippage. Would primarily recommend a stockinette with absorbent padding that can be replaced q6h PRN at home, but we may not have any stockinettes that will fit her size. If this is the case, recommend replacement of traditional "cross-your-heart" bandage and changing PRN. Treatment plan not presented since Stetler family is not paying hospital bills as ok'd by partner Dr. Trevor Garb.

Recommend recheck examination in 36 hours, and will likely consider thoracic radiographs to look for evidence of contusions or other lung, heart or musculoskeletal disease that has developed since initial injury. Recommend increasing tramadol dose to 4.4mg/kg (200mg) q6h and adding NSAID (meloxicam 0.1mg/kg q24h) to help control pain more effectively.

HOSPITAL:

Cross-your-heart bandage placed.

CLIENT COMMUNICATION (12:18 pm Virginia Fritsch, DVM/)

The procedures, risks, and treatment options were discussed with the owner. Questions were answered and approval was given to proceed with the above plan. A written treatment plan of fees was provided and approved.

DISCHARGING DOCTOR (12:18 pm Virginia Fritsch, DVM/)

Dr. Fritsch

TENTATIVE DIAGNOSIS (12:18 pm Virginia Fritsch, DVM/)

Gun shot wound post-op

MEDICATIONS (12:24 pm Virginia Fritsch, DVM/)

1. Tramadol (50mg) # 0 - Please increase to 4 tablets (200mg) by mouth every 6-8 hours as needed for pain.
 - * This is a narcotic pain medication.
 - * Side effects include constipation, nausea, diarrhea, sedation. If you notice these side effects, you can decrease how often you are giving it.
 - * Start this medication 6 hours after the last dose.
2. Meloxicam (1.5mg/mL) # 32mL bottle - Please give 95# dose on syringe by mouth every 24 hours.
 - * This is a non-steroidal anti-inflammatory drug for pain control and to decrease inflammation.
 - * Side effects include GI upset (anorexia, vomiting, diarrhea), black or tarry stools. If you notice these side effects, discontinue the medication and call your veterinarian immediately.
 - * Start this medication with dinner tonight.

DISCHARGE ITEMS (12:24 pm Virginia Fritsch, DVM/)

None

RECOMMENDATIONS (12:26 pm Virginia Fritsch, DVM/)

Summary:

Thank you for bringing Danni to the PESCE ER for recheck evaluation of her gunshot wound. She looks like she is healing nicely and report she is doing well at home.

Since she seems uncomfortable to you at home, we have increased the tramadol dose and started a NSAID medication. Continue the antibiotic medication.

Please monitor the new bandage for evidence of strikethrough. If you see fluid on the outside of the bandage, replace it with clean gauze.

Please use the E-collar you have at home for Danni at any time when she is not under direct supervision.

Please come for a recheck examination in 36 hours. You do not need to make an appointment. If she worsens or does not continue to get better, please bring her in immediately.

If Danni has any new problems, or is not getting better, please see your regular veterinarian immediately or return to the PESCE if after hours. Please do not hesitate to call us with any questions, comments or concerns.

Thank you for entrusting us with Danni's care. She is a very sweet little lady!

Sunday, July 27, 2014

ADMISSION DATE (5:02 pm Virginia Fritsch, DVM/)

Date: Sunday, July 27, 2014; Time: 17:05

CLINICAL HISTORY (5:02 pm Virginia Fritsch, DVM/)

The Stetler family presented Danni, a 7.5-year-old FS Shepherd mix, for recheck evaluation of her GSW. She seems to be very similar to yesterday; they are still feeding her by hand but she has a good appetite, good activity levels and will go for walks. She has been interacting with the neighbors normally. They believe she is still painful - yesterday we discussed increasing the tramadol dose to 200mg PO q8h and also added the meloxicam medication q24h for 5 days. The Stetler family has been giving 100-200mg ~q8h. The bandage has slipped caudally and they believe this is because she is losing weight because it usually slips cranially. Otherwise she continues to do well.

PHYSICAL EXAMINATION (5:02 pm Virginia Fritsch, DVM/)

Temperature: 101.1F, Pulse: 108bpm, Respiration: panting and whining Weight: 97.50 lb

1. GEN APPR: BARH and friendly but worried, BCS=6/9
2. EENT: EYES sclera and cornea clear, no discharge, lenticular opacity OU. PLRs direct and consensual OU. EARS no evidence of ceruminous debris, trauma or inflammation. NOSE no discharge. TEETH moderate generalized periodontal disease. THROAT no evidence of oral ulceration or foreign body on awake examination.
3. CARDIOVASC: Regular rhythm, no murmur ausculted, femoral pulses s/s/s.
4. RESPIRATORY: Eupneic, quiet BV lung sounds in all lung quadrants.
5. ABDOMEN: Soft and pliable. Liver does not extend beyond the costal arch. Intestinal loops do not feel dilated and slide easily past each other. Rectum clean.
6. MUSC. SKEL: Ambulatory x 4, no gait abnormalities visualized.
7. NERVOUS: Menace response, palpebral and anal reflexes intact. Mentation appropriate.
8. GENITAL\URIN: Kidneys not palpated. Urinary bladder moderately sized and soft. No vulvar discharge.
9. INTEGUMENT: Mild thinning of the haircoat on the caudal dorsum. Drain and sutures in place on the right side from axilla to mid-lateral abdomen. Penrose drain has serosanguineous without evidence of pus or other abnormalities. Soft 5x5x5cm mass on the cranial thorax adhered to the skin, one soft 3x3x3cm mass on the left lateral abdomen adhered to the skin. Sutures incision is dry, clean, and intact once the bandage was removed. Erythema in axilla is slightly worse compared to yesterday. Slightly more dependent edema that does not feel warm and is not excessive.
10. LYMPH NODES: Mandibular, superficial cervical and popliteal LNs are <1 cm, soft, freely movable and non-painful.

PROBLEMS IDENTIFIED (5:02 pm Virginia Fritsch, DVM/)

3 days Post-op GSW with passive drain placement and surgery to close
Inadequate pain control

ASSESSMENT\DIFFERENTIAL DX (5:02 pm Virginia Fritsch, DVM/)

3 days Post-op GSW with passive drain placement and surgery to close: most tissue should be "declared" by now and so it is good to evaluate integument and pulmonary tissue for evidence of devitalization. Drain placement is necessary for passive drainage, but it can also be its own source of irritation, inflammation, increased permeability and therefore continued discharge from leaky vessels even after traumatized tissue has healed enough to not need drainage.

Strikethrough: Bandage had evidence of strikethrough, which is concerning because it can be a conduit for a secondary infection from the environment into the wound. Strikethrough indicates the bandage needs to be changed more frequently.

Inadequate pain control: r/o ongoing inflammation or infection. Most likely this is due to ongoing inflammation secondary to soft tissue damage, but cannot rule out other causes of pain.

DIAGNOSTIC\TREATMENT PLAN (5:02 pm Virginia Fritsch, DVM/)

Discussed problems and ddx. Plan to take thoracic radiographs to look for evidence of subclinical pulmonary contusions or pneumothorax that could have developed secondary to gunshot wound after initial presentation and diagnostics. Would also like to get better pain control, but do not want to add an additional pain medication to tramadol and meloxicam until we increase tramadol dose consistently and see if it is enough. Stetler family understands the plan and will increase tramadol dose. Due to business of PESC at present, recommend leaving a phone number with us and we can call when finished. Stetler family requests nail trim because he is using his claws to pull the bandage around when he is at home.

MEDICAL THERAPIES AND DIAGNOSTICS:

Thoracic radiographs: Unremarkable lungs, heart, musculoskeletal structures and abdominal organs that can be visualized. No evidence of pulmonary contusion or pneumothorax.

Bandage has evidence of strikethrough. Replace with cross-your-heart bandage and plan to replace in 24h instead of 36h, or sooner if there is evidence of strikethrough.

Nail trim performed without incident.

TTO:Thoracic radiographs are unremarkable, which is good news. Will plan to send him home in 45 minutes when we finished with bandage and nail trim. Ms. S requests tramadol refill. Discussed returning tomorrow for bandage change in 24 hours, or sooner if strikethrough is seen.

CLIENT COMMUNICATION (5:02 pm Virginia Fritsch, DVM/)

The procedures, risks, and treatment options were discussed with the owner. Questions were answered and approval was given to proceed with the above plan. A written treatment plan of fees was provided and approved.

DISCHARGING DOCTOR (5:03 pm Virginia Fritsch, DVM/)

Dr. Fritsch

TENTATIVE DIAGNOSIS (5:03 pm Virginia Fritsch, DVM/)

Post-op gunshot wound

MEDICATIONS (5:03 pm Virginia Fritsch, DVM/)

Tramadol (50mg tablets): #84 - Please give 4 tablets (200mg) by mouth every 8 hours for pain.

* This is a narcotic pain medication.

* Side effects include sedation, constipation, diarrhea, and nausea. If you see these side effects, you can decrease how often Danni is getting the medication.

* Start this medication 8 hours after the previous dose.

DISCHARGE ITEMS (5:03 pm Virginia Fritsch, DVM/)

None

RECOMMENDATIONS (5:03 pm Virginia Fritsch, DVM/)

Summary:

Thank you for bringing Danni to the PESc for recheck evaluation of her gunshot wound.

We took radiographs today to look for evidence of lung bruising or air around the lungs - we do not see any evidence of disease, which is good news.

We also replaced the bandage around the drain on Danni, and the old bandage shows evidence of "strikethrough," which is when the fluid is able to seep from the wound to the outside part of the bandage. We need to change the bandage more often in order to prevent strikethrough.

Please return for a recheck appointment tomorrow evening to replace the bandage and assess how she is doing. If she still has evidence of strikethrough, we may need to see her more often than once daily.

We have increased Danni's pain medications to try to assess her pain control at home. Please monitor her closely for signs that she is uncomfortable, or any signs that concern you. If you see these signs, please call or come to PESc immediately.

If Danni has any new problems, or is not getting better, please see your regular veterinarian immediately or return to the PESc if after hours. Please do not hesitate to call us with any questions, comments or concerns.

Thank you for entrusting us with Danni's care. She is a very sweet lady.

Monday, July 28, 2014

ADMISSION DATE (4:44 pm Melissa Cody, DVM/)

Date: Monday, July 28, 2014; Time: 4:30 pm

CLINICAL HISTORY (4:49 pm Melissa Cody, DVM/)

Temperature: 101.2, Pulse: 160, Respiration: pant Weight: 45.909 kg, 101.00 lb, 1.28 m2

Danni was presented for a recheck evaluation of her GSW and bandage change. Last rechecked yesterday evening. She is doing well, eating and drinking, taking her meds, no vomiting.

Temperature: 101.2 F, Pulse: 160bpm, Respiration: panting Weight: 101 lb

1. GEN APPR: BARH and friendly, mildly anxious BCS=6/9
2. EENT: EYES sclera and cornea clear, no discharge, lenticular opacity OU.
3. CARDIOVASC: Regular rhythm, no murmur ausculted, femoral pulses s/s/s.
4. RESPIRATORY: Eupneic, normal lung sounds
5. ABDOMEN: Soft and pliable.
6. MUSC. SKEL: Ambulatory x 4, no gait abnormalities visualized.
7. NERVOUS: Menace response, palpebral and anal reflexes intact. Mentation appropriate.
8. GENITAL\URIN: normal
9. INTEGUMENT: Mild thinning of the haircoat on the caudal dorsum. Drain and sutures in place on the right side from axilla to mid-lateral abdomen. Penrose drain has serosanguineous discharge without evidence of pus or other abnormalities, dripping in the treatment area. Soft area of fluctuant edema on the cranial thorax (mildly increased from yesterday), mild edema on the left lateral abdomen adhered to the skin. Sutures incision is dry, clean, and intact once the bandage was removed. Erythema in axilla is slightly improved compared to yesterday.
10. LYMPH NODES: wnl

Mild to moderate discharge in bandage- through all layers except vetwrap.

Penrose drain has been in place for approx 3 1/2 days, still has serosanguineous discharge dripping from drain even while in the treatment area. Elect to leave in one more day. Replaced 3 layer bandage.

Recommend recheck tomorrow evening.

Updated the Stetler family, elect to leave the drain in another day, replaced bandage, recheck tomorrow evening.

Tuesday, July 29, 2014

CLINICIAN'S PROGRESS NOTES (5:44 pm Melissa Cody, DVM/)

Danni was presented for a recheck evaluation of her GSW and bandage change. Danni's last recheck was yesterday evening. At home, Danni is doing well-eating and drinking normally. She is taking her medications and her pain seems to be better controlled. No v/d.

Temperature: 100.5 F, Pulse: 130bpm, Respiration: 30 Weight: 99 lb

1. GEN APPR: BARH, mildly anxious BCS=6/9
2. EENT: no o/n discharge, lenticular opacity OU. PERL
3. CARDIOVASC: Regular rhythm, no murmur ausculted, femoral pulses s/s/s.
4. RESPIRATORY: Eupneic, normal lung sounds
5. ABDOMEN: Soft and pliable.
6. MUSC. SKEL: Ambulatory x 4, no gait abnormalities visualized.
7. NERVOUS: Mentation appropriate, menace response, palpebral and anal reflexes intact.
8. GENITAL\URIN: normal
9. INTEGUMENT: Mild thinning of the haircoat on the caudal dorsum. Small to moderate amount of dried serosanguineous discharge on bandage (improved from yesterday). Bandage removed-drain and sutures in place on the right side from axilla to mid-lateral abdomen. No active discharge from the penrose drain. Soft area of fluctuant edema on the cranial thorax centered around the right axilla and dorsal to the sutures (mildly increased from yesterday). Sutures incision is dry, clean, and intact. Erythema in axilla is static compared to yesterday. Incisions are warm to the touch.
10. LYMPH NODES: wnl

Penrose drain has been in place for approx 4 1/2 days. No active discharge from drain-elect to remove drain. Left incision open for continued drainage and to heal by second intention, cleaned with dilute chlorhexidine and sterile saline. Warm compressed x10 minutes. Replaced 3 layer bandage. Potentially will not need further bandaging after tomorrow.

Recommend recheck tomorrow evening.

Met with Stetler family, drain was removed today and bandaged replaced. Mild increase in swelling, so we warm compressed the area for 10 minutes before replacing the bandage. Recommend recheck tomorrow evening. Depending on how the wound looks Danni may not need another bandage, but we will decide at tomorrows recheck.

Wednesday, July 30, 2014

ADMISSION DATE (6:00 pm Melody Cerra, DVM/)

Date: Wednesday, July 30, 2014; Time: 5:59 pm

CLINICAL HISTORY (6:00 pm Melody Cerra, DVM/)

Danni was presented for a recheck evaluation of her GSW and bandage change/removal. Danni's last recheck was yesterday evening. At home, Danni is doing well-eating and drinking normally. The Stetlers felt Danni's pain was increased today-withheld oral tramadol with hopes for injectable pain medication this evening.

Temperature: 100.5 F, Pulse: 130bpm, Respiration: 30 Weight: 99 lb

1. GEN APPR: BARH, mildly anxious BCS=6/9
2. EENT: no o/n discharge, lenticular opacity OU. PERL
3. CARDIOVASC: Regular rhythm, no murmur ausculted, femoral pulses s/s/s.
4. RESPIRATORY: Eupneic, normal lung sounds
5. ABDOMEN: Soft and pliable.
6. MUSC. SKEL: Ambulatory x 4, no gait abnormalities visualized.
7. NERVOUS: Mentation appropriate, menace response, palpebral and anal reflexes intact.
8. GENITAL\URIN: normal
9. INTEGUMENT: Mild thinning of the haircoat on the caudal dorsum.

-Bandage caudally displaced from Danni rubbing on the carpet. Cranially aspect of the incision, including the right axilla was exposed. Area of vet wrap displaced ventrally on the left thoracic limb-generalized swelling of the limb and paw distal to vet wrap (elbow and down).

-Bandaged removed: small amount of dried serosanguineous discharge on bandage. Moderate amount of swelling at the cranial aspect of the incision, especially around the right axilla-amount of swelling constant with yesterday, but firmer to the touch. Sutures and incision is dry, clean, and intact. Incisions are warm to the touch. Small amount of serosanguinous discharge dripping from where drain was removed yesterday.

Erythema in axilla is static compared to yesterday.

10.LYMPH NODES:wnl

Treatments:

Warm compressed x10 minutes

Elected to discontinue bandaging

Buprenex 0.02 mg/kg (0.84 mg) IM

Recommend rechecking in 1-2 days:

-if swelling increases on the cranial aspect of the incision or Danni's pain is not well controlled recheck in 1 day

-No changes in swelling and pain adequately controlled, recheck in 2 days

Recommend warm compressing the area 3-4 times per day.

Met with Stetler family and discussed physical exam findings and recommendations as above. Recommended

monitoring Danni now that the bandage has been removed for licking, chewing or rubbing the incision. Danni will need to wear her e-collar if this is noted.

CLINICIAN'S PROGRESS NOTES (6:00 pm Melody Cerra, DVM/)

DISCHARGING DOCTOR (10:52 pm Melody Cerra, DVM/)
Dr. Cerra

TENTATIVE DIAGNOSIS (10:52 pm Melody Cerra, DVM/)
Recheck gunshot wound

MEDICATIONS (10:52 pm Melody Cerra, DVM/)
None

DISCHARGE ITEMS (10:52 pm Melody Cerra, DVM/)
None

RECOMMENDATIONS (10:52 pm Melody Cerra, DVM/)
Summary:

Danni was presented for reevaluation of her gun shot wound. Danni's incision was clean and dry, but remains warm to the touch. There continues to be swelling on the cranial aspect of the incision near the right armpit. This swelling is similar in size compared to yesterday, but is firmer to the touch. There is a small amount of blood tinged discharge dripping from the area where the drain was previously placed. As discussed, Danni's bandage was not replaced today to be able to monitor the area better.

Please apply a warm compress to the wound for 10 minutes 3-4 times per day.

Please recheck in 1-2 days:

- Recheck in 1 day if the swelling increases around the incision or Danni's pain is not well controlled
- Recheck in 2 days if no changes in swelling and pain is adequately controlled

If Danni has any new problems, or is not getting better, please see your regular veterinarian immediately or return to the PESG if after hours. Please do not hesitate to call us with any questions, comments or concerns.

Thank you for entrusting us with Danni's care. She is a very sweet girl!
-dcd

Saturday, August 02, 2014

CLINICIAN'S PROGRESS NOTES (6:17 pm Melody Cerra, DVM/)

Danni was presented for a recheck evaluation of her GSW. Danni's last recheck was July 30th. At home, Danni is doing well-eating, drinking normally and good energy

Temperature: 101.5 F, Pulse: 120bpm, Respiration: pant Weight: 99 lb

1. GEN APPR: BARH, mildly anxious BCS=6/9
2. EENT: no o/n discharge, lenticular opacity OU. PERL
3. CARDIOVASC: Regular rhythm, no murmur ausculted, femoral pulses s/s/s.
4. RESPIRATORY: Eupneic, normal lung sounds
5. ABDOMEN: Soft and pliable.
6. MUSC. SKEL: Ambulatory x 4, no gait abnormalities visualized.
7. NERVOUS: Mentation appropriate, menace response, palpebral and anal reflexes intact.
8. GENITAL\URIN: normal
9. INTEGUMENT: Mild to moderate amount of fluctuant swelling at the cranial aspect of the incision, especially around the right axilla-improved from last recheck. Incision is dry, clean, and intact. Incision warm to the touch in the right axilla. Erythema in right axilla-static
10. LYMPH NODES: wnl

Assessment: Overall, the incision looks improved. There is still mild to moderate amount of incisional swelling, but has improved since Danni's last recheck. Recommend continuing Danni on another 7 days of Clavamox and tramadol.

Recommend rechecking in 5-7 days, or sooner if there are any sign of infection, increased pain, anorexia or incisional dehiscence. Recommend warm compressing the area 3-4 times per day.

Met with Stetler family and discussed physical exam findings and recommendations as above. Discussed continuing antibiotics and pain medications for another 7 days or until next recheck.

DISCHARGING DOCTOR (6:17 pm Melody Cerra, DVM/)
Dr. Cerra

TENTATIVE DIAGNOSIS (6:17 pm Melody Cerra, DVM/)
Recheck gunshot wound

MEDICATIONS (6:20 pm Melody Cerra, DVM/)

1. Tramadol 50 mg tablets # 28 - Please give 3-4 tablets by mouth with food every 8-12 hours as needed.

*Pain medication

*Side effects may include sedation and constipation

2. Clavamox 250 mg tablet # 28 - Please give 2 tablets by mouth with food every 12 hours starting today.

*Antibiotic

*Side effects may include decreased appetite, vomiting, or diarrhea.

DISCHARGE ITEMS (6:20 pm Melody Cerra, DVM/)
None

RECOMMENDATIONS (6:25 pm Melody Cerra, DVM/)

Summary:

Danni was presented for a recheck of her gun shot wound that occurred on 7/24/14. Danni has been doing well at home and there are no concerns.

On physical exam, Danni's wound is still swollen along the incision, especially at the cranial aspect, but has overall improved from her last recheck.

Please continue to warm compress the area 3-4 times per day.

Please continue to restrict Danni's activity until the wound is healed. Monitor for Danni scratching or rubbing the incision. If she is doing this, you may put a tshirt on her to protect the incision.

Please monitor for any discharge, draining, increased redness or increased heat from the incision and monitor for not wanting to eat, vomiting or lethargy. Please contact your family veterinarian or PESc if these signs are seen.

Please see your family veterinarian in 5-7 days, or sooner if any of the clinical signs listed above are seen.

If Danni has any new problems, or is not getting better, please see your regular veterinarian immediately or return to the PESc if after hours. Please do not hesitate to call us with any questions, comments or concerns.

Thank you for entrusting us with Danni's care. She is very sweet and we are happy to see she is recovering!

Sunday, August 03, 2014

CLINICIAN'S PROGRESS NOTES (5:08 pm Nirit Rosenberg, VMD/)

Owners brought Danni in for worsening swelling around the incision. She is otherwise doing well.

PE:wt=97.6, t=101.7, p=110, r=pant

Danni is BAR, mm pk, moist, H/L ausc. wnl. Mild to moderate swelling along the ventral incision. Serosang. oozing from the cranial aspect.

R/o seroma formation vs. infection, plan to add baytril for broader ab coverage. If worsening, may need to aspirate the site. If it is starting to abscess, another surgery may be needed

DISCHARGING DOCTOR (5:08 pm Nirit Rosenberg, VMD/)
Rosenberg

TENTATIVE DIAGNOSIS (5:08 pm Nirit Rosenberg, VMD/)
post op gun shot wound

MEDICATIONS (5:09 pm Nirit Rosenberg, VMD/)
1. baytril 136mg # 21 - Give 3 tablets once a day for 7 days

DISCHARGE ITEMS (5:09 pm Nirit Rosenberg, VMD/)
None

RECOMMENDATIONS (5:12 pm Nirit Rosenberg, VMD/)

Summary:

Danni was seen for worsening swelling around the incision. This could be due to inflammation or infection. We are starting Danni on another antibiotic in case of resistant infection. The area should still be warm compressed every 8-12 hrs. If Danni is very lethargic, stops eating or the swelling is getting worse, she should be seen right away. Otherwise, please recheck in 2-3 days.

Thursday, August 14, 2014

ADMISSION DATE (6:46 pm Danielle Hohn, DVM/)
Date: Thursday, August 14, 2014; Time: 6:25pm

CLINICAL HISTORY (6:52 pm Danielle Hohn, DVM/)
Temperature: 101.7, Pulse: 130, Respiration: pant Weight: 45.636 kg, 100.40 lb, 1.28 m2

Danni was presented for recheck examination and suture removal. Family reports she is doing well at home-- eating and drinking and wound swelling appeared to be much improved until today when they noticed her itching at the region and mild increased redness and swelling. Not currently taking any medications.

Gun shot wound right lateral thorax/axilla 7/24/14

S/O- QAR. mm pink and moist CRT<2s, HR WNL w no m/a ausculted and s/s pulses, panting w normal b/v sounds, abdomen soft and pliable w no obvious masses/fluid waves/organomegaly/pain, BCS 7/9 ambulatory x4 w no obvious limping or lameness, ~4cm soft swelling underneath axillary incision, incisions appear CDI with very mild erythema and no discharge-- appear healed.

Wound swelling- r/o seroma vs abscess, other

Sutures removed

Met with family, history obtained and discussed PE findings as above-- since Danni is acting normally, eating/drinking and temp WNL and wounds appear quiet can see if she stops itching with skin sutures being

removed although discussed potential ddx of abscess and option of treating with another course of abx- family elects to wait and if the wound swellings increase or any other evidence of illness will bring to rDVM or PESC for further evaluation and abx.

DISCHARGING DOCTOR (6:52 pm Danielle Hohn, DVM/)
Danielle Hohn, DVM

TENTATIVE DIAGNOSIS (6:52 pm Danielle Hohn, DVM/)
Gun shot wound right arm pit region

MEDICATIONS (6:52 pm Danielle Hohn, DVM/)
None

DISCHARGE ITEMS (6:53 pm Danielle Hohn, DVM/)
None

RECOMMENDATIONS (6:58 pm Danielle Hohn, DVM/)
Summary:

Danni was presented for wound re-evaluation and suture removal.

On physical exam, the incisions appeared to be well healed with a mild amount of redness around the sutures. She had a mild amount of soft swelling under the armpit wound and we discussed potential causes (benign fluid versus infection). We discussed the option of starting antibiotics in case of infection and at this time you have elected to monitor the wounds and Danni closely post- suture removal, which is reasonable.

Bring Danni to your family veterinarian (or PESC after hours) immediately if you notice any increased redness, discharge, swelling or heat. At that time, further diagnostic testing including cell sampling and culture submission may be recommended in the case of a resistant infection.

Please warm compress the areas every 8-12 hrs for the next 5 days. Place a t-shirt on her if she is itching at the area or when she is not being directly monitored to ensure she does not cause further damage and inflammation.

As long as Danni does well at home, please bring her to your family veterinarian for a recheck examination in 5-7 days.

If Danni has any new problems, or is not getting better, please see your regular veterinarian immediately or return to the PESC if after hours. Please do not hesitate to call us with any questions, comments or concerns.

Thank you for trusting us in caring for Danni, she is a very sweet pup and we wish her the best!